



AlaskaCare Health Plan Temporary Telemedicine Liberalization

April 7, 2020

Expanded Telemedicine Coverage During the COVID-19 Public Health Emergency

Due to the COVID-19 crisis, demand has grown for telemedicine services. In response to the State of Alaska COVID-19 Public Health Disaster Emergency, AlaskaCare health plans have temporarily expanded coverage for telemedicine. For a list of covered billing codes, please see the end of this document.

These temporary liberalizations were made effective March 4, 2020 and shall remain in effect until earlier of the date of: 1) the termination of the suspensions contained in the applicable COVID-19 Disaster Order of Suspension; or 2) the termination of the Declaration of Public Health Disaster Emergency issued by Governor Mike Dunleavy; including any extensions or amendments thereof. The temporary administrative changes contained in this document are in response to a State of Alaska and federally recognized health emergency and do not provide a vested right to coverage for any individual. The Division of Retirement and Benefits retains the sole discretion to rescind or modify these temporary administrative changes depending on the circumstances.

- **Telemedicine is covered for in-network and out-of-network providers.** AlaskaCare is covering telemedicine consultations for in-network and out-of-network providers. Payment for services delivered will be at the contracted rate for in-network providers or up to recognized charge for out-of-network providers. For a claim to qualify for this change, it must use the appropriate code modifier(s). See below for a list of the covered benefits.
- **Near site (where the patient is located) is unrestricted.** The locations of the member and provider for live interactive, telephone, and online digital modes of delivery are unrestricted to allow for multiple patient and provider settings, such as home or facility.
- **Applications such as Zoom, Skype, and FaceTime are allowable during this public health emergency.** The HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as Zoom, Skype, and FaceTime, during the COVID-19 nationwide public health emergency.

- **Some telehealth visit limits are waived.** Some previous limits on the quantity of virtual visits do not apply during this public health emergency. See the table below for applicability.
- **Alaska Telemedicine Registry requirement:** Alaska requires registration with the Alaska Telemedicine Business Registry through the Department of Commerce. Providers seeking to offer telehealth services must complete the online [telemedicine registration](#) form and provide \$50 payment. During this liberalization period, a qualified provider may deliver services upon the division’s receipt of a complete application.

An Alaska business license is required to be provided in order to register, as it is the *business* providing the telemedicine services—not the licensed health care provider(s)—that must register, unless the provider is the owner of the practice. Only one registration is required per business; once a business is placed on the registry, telemedicine services can be provided by all employed and properly licensed providers. [For more information visit the DCCED webpage.](#)

- **Synchronous telemedicine** is “live video-conferencing” or two-way audio-visual communication between the patient and the care provider. Synchronous telemedicine allows for interactive video connection that transfers information in both directions in the same time period. These real-time telehealth sessions are live and interactive and may be enhanced by the use of video otoscopes, electronic stethoscopes or other technology. They are directed by the provider and the equipment is operated by a nurse or technician to help remotely perform a physical examination.
- **Asynchronous care, also referred to as “store and forward” is eligible for coverage.** This type of care involves the acquiring and transmission of recorded health history, data, images or video to a provider, usually a specialist. Asynchronous telemedicine sends clinical information to a consulting provider for offline assessment at a convenient later time. A common example of asynchronous care is when a patient’s provider wishes to consult with a specialist and transmits the patient’s health history and medical images or data to the specialist using HIPAA compliant electronic technology. The consulting provider then reviews the stored data and makes diagnosis, treatment, and planning recommendations that are electronically transferred or faxed back to the referring provider. Asynchronous care is most commonly used in radiology, pathology, dermatology, and ophthalmology. The AlaskaCare plans provide limited coverage for asynchronous care, please see the table below for specific benefits.
- **Telephone Only Services:** Limited benefits are available for telephone only evaluation and management services performed by qualified health care personnel who are authorized to report evaluation and management services provided to an established patient. These services are only payable when they don’t originate from

a related office visit provided within the previous 7 days AND when they don't lead to an office visit, service or procedure within the next 24 hours or the soonest available appointment.

Telehealth visits must be billed using the correct HCPCS or CPT code and any appropriate modifier or place of service code. Some codes (marked below with an asterisk*) are specific to telemedicine and do not need a modifier. Other codes listed below may also be used for face-to-face visits and therefore must include an appropriate modifier.

<p>The following codes require a synchronous audiovisual connection or store and forward technology:</p> <p>Eligible Code Description</p>	<p>Eligible CPT/HCPCS</p>
<p>Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes; 11 – 20 minutes; or 21 or more minutes.</p>	<p>G2061*, G2062*, G2063*</p>
<p>Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education.</p>	<p>H0015 GT or 95</p>
<p>Mental health partial hospitalization, treatment, less than 24 hours.</p>	<p>H0035 GT or 95</p>
<p>Behavioral health day treatment, per hour.</p>	<p>H2012 GT or 95</p>
<p>Alcohol and/or other drug treatment program, per diem.</p>	<p>H2036 GT or 95</p>
<p>Intensive outpatient psychiatric services, per diem</p>	<p>S9480 GT or 95</p>
<p>Radiation treatment management, 5 treatments.</p>	<p>77427 GT or 95</p>
<p>End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month.</p>	<p>90953 GT or 95</p>
<p>End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month.</p>	<p>90959 GT or 95</p>
<p>End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month.</p>	<p>90962 GT or 95</p>
<p>Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual.</p>	<p>92507 GT or 95</p>
<p>Evaluation of speech fluency (e.g., stuttering, cluttering).</p>	<p>92521 GT or 95</p>
<p>Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria).</p>	<p>92522 GT or 95</p>
<p>Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language).</p>	<p>92523 GT or 95</p>
<p>Behavioral and qualitative analysis of voice and resonance.</p>	<p>92524 GT or 95</p>

<p>The following codes require a synchronous audiovisual connection or store and forward technology:</p> <p>Eligible Code Description</p>	<p>Eligible CPT/HCPCS</p>
<p>Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure).</p>	<p>96121 GT or 95</p>
<p>Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour; + each additional hour (List separately in addition to code for primary procedure).</p>	<p>96130, 96131 GT or 95</p>
<p>Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour; + each additional hour (List separately in addition to code for primary procedure).</p>	<p>96132, 96133 GT or 95</p>
<p>Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes. + each additional 30 minutes (list separately in addition to code for primary procedure).</p>	<p>96136, 96137 GT or 95</p>
<p>Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes. + Each additional 30 minutes (list separately in addition to code for primary procedure).</p>	<p>96138, 96139 GT or 95</p>
<p>Health behavior intervention, individual, face-to-face; initial 30 minutes. + each additional 15 minutes (list separately in addition to code for primary service).</p>	<p>96158, 96159 GT or 95</p>
<p>Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes. + each additional 15 minutes (list separately in addition to code for primary service).</p>	<p>96164, 96165 GT or 95</p>
<p>Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes. + each additional 15 minutes (list separately in addition to code for primary service).</p>	<p>96167, 96168 GT or 95</p>
<p>Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes + each additional 15 minutes (list separately in addition to code for primary service).</p>	<p>96170, 96171 GT or 95</p>
<p>Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility.</p>	<p>97110 GT or 95</p>
<p>Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities.</p>	<p>97112 GT or 95</p>
<p>Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing).</p>	<p>97116 GT or 95</p>

<p>The following codes require a synchronous audiovisual connection or store and forward technology:</p> <p>Eligible Code Description</p>	<p>Eligible CPT/HCPCS</p>
<p>Behavior identification assessment, administered by a qualified health professional (QHP), face to face with patient and/or guardians administering assessments and discussing findings and recommendations. Includes non-face-to-face analyzing of past data, scoring/interpreting the assessment, and preparing the report/treatment plan.</p>	<p>97151 GT or 95</p>
<p>Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes.</p>	<p>97153 GT or 95</p>
<p>Adaptive behavior treatment with protocol modification, administered by QHP, which may include simultaneous direction of a technician working face to face with a patient.</p>	<p>97155 GT or 95</p>
<p>Family adaptive behavior treatment guidance administered by a qualified health professional (QHP), with parent/guardian.</p>	<p>97156 GT or 95</p>
<p>Multiple-family group adaptive behavior treatment guidance, administered by QHP, with multiple sets of parents/guardians.</p>	<p>97157 GT or 95</p>
<p>Physical therapy evaluation: low, moderate, or high complexity.</p>	<p>P 97161, 97162, 97163 GT or 95</p>
<p>Re-evaluation of physical therapy established plan of care.</p>	<p>97164 GT or 95</p>
<p>Occupational therapy evaluation, low, moderate, or high complexity.</p>	<p>97165, 97166, 97167 GT or 95</p>
<p>Re-evaluation of occupational therapy established plan of care.</p>	<p>97168 GT or 95</p>
<p>Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes.</p>	<p>97535 GT or 95</p>
<p>Assistive technology assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes.</p>	<p>97755 GT or 95</p>
<p>Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes.</p>	<p>97760 GT or 95</p>
<p>Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes.</p>	<p>97761 GT or 95</p>
<p>Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10; 11-20; or 21 or more minutes.</p>	<p>98970*, 98971*, 98972*</p>
<p>Observation care discharge day management.</p>	<p>99217 GT or 95</p>
<p>Initial observation care, per day, for the evaluation and management of a patient.</p>	<p>99218, 99219, 99220 GT or 95</p>
<p>Initial hospital care, per day, for the evaluation and management of a patient.</p>	<p>99221, 99222, 99223 GT or 95</p>
<p>Subsequent observation care, per day, for the evaluation and management of a patient.</p>	<p>99224, 99225, 99226 GT or 95</p>

The following codes require a synchronous audiovisual connection or store and forward technology:	Eligible CPT/HCPCS
Eligible Code Description	
Subsequent hospital care services. *The limitation of 1 Telehealth visit every 3 days will be waived during the public health emergency.	99231, 99232, 99233 GT or 95
Observation or inpatient hospital care, for the evaluation and management of a patient.	99234, 99235, 99236 GT or 95
Hospital discharge day management; 30 minutes or less; or more than 30 minutes.	99238, 99239 GT or 95
Emergency department visit for the evaluation and management of a patient.	99281, 99282, 99283, 99284, 99285 GT or 95
Critical care, evaluation and management of the critically ill or critically injured patient.	99291, 99292 GT or 95
Initial nursing facility care, per day, for the evaluation and management of a patient.	99304, 99305, 99306 GT or 95
Subsequent nursing facility care services *The limitation of 1 Telehealth visit every 30 days will be waived during the public health emergency.	99307, 99308, 99309, 99310 GT or 95
Nursing facility discharge day management.	99315, 99316 GT or 95
Domiciliary or rest home visit for the evaluation and management of a new or established patient.	99327, 99328, 99334, 99335, 99336, 99337 GT or 95
Home visit for the evaluation and management of a new or established patient.	99341, 99342, 99343; 99344, 99345, 99347, 99348, 99349, 99350 GT or 95
Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10; 11-20; or 21 or more minutes.	99421*, 99422*, 99423*
Initial or Subsequent inpatient neonatal critical care.	99468, 99469 GT or 95
Initial or Subsequent inpatient pediatric critical care.	99471, 99472, 99475, 99476 GT or 95
Initial hospital care, per day, for the evaluation and management of the neonate.	99477 GT or 95
Subsequent intensive care, per day, for the evaluation and management of the recovering infant.	99478, 99479, 99480 GT or 95
Assessment of and care planning for a patient with cognitive impairment.	99483 GT or 95

***Telemedicine-specific codes; modifier GT or 95 not required**

<p>The following codes require a synchronous audiovisual connection, store and forward technology, or telephone-only connection:</p> <p>Eligible Code Description</p>	<p>Eligible CPT/HCPCS</p>
<p>Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related evaluation & management service provided within the previous 7 days nor leading to an evaluation & management service or procedure within the next 24 hours or soonest available appointment.</p>	<p>G2010*</p>
<p>Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, nor originating from a related evaluation & management service provided within the previous 7 days nor leading to an evaluation & management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.</p>	<p>G2012*</p>
<p>Health behavior assessment or re-assessment (e.g., health-focused clinical interview, behavioral observations, clinical decision making).</p>	<p>96156*</p>
<p>Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10; 11-20; or 21-30 minutes of medical discussion.</p>	<p>98966*, 98967*, 98968*</p>
<p>Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10; 11-20; or 20-30 minutes of medical discussion.</p>	<p>99441*, 99442*, 99443*</p>
<p>Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes; 11-20 minutes; 21-30 minutes; or 31 minutes or more of medical consultative discussion and review.</p>	<p>99446*, 99447*, 99448*, 99449*</p>
<p>Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time.</p>	<p>99451*</p>
<p>Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes.</p>	<p>99452*</p>
<p>Psychiatric diagnostic interview examination</p>	<p>90791, 90792 GT or 95</p>
<p>Individual psychotherapy</p>	<p>90832, 90833, 90834, 90836, 90837, 90838 GT or 95</p>
<p>Psychotherapy for crisis; first 60 minutes; or each additional 30 minutes</p>	<p>90839, 90840 GT or 95</p>
<p>Psychoanalysis</p>	<p>90845 GT or 95</p>

The following codes require a synchronous audiovisual connection, store and forward technology, or telephone-only connection: Eligible Code Description	Eligible CPT/HCPCS
Family or group psychotherapy	90846, 90847, 90853 GT or 95
Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services	90863 GT or 95
Neurobehavioral status examination	96116 GT or 95

*** Telemedicine-specific codes; modifier GT or 95 not required**

If you need assistance, please contact Aetna or the Alaska Division of Retirement & Benefits.

Aetna

Provider services website: <https://www.aetna.com/health-care-professionals.html>

1-888-632-3862

View Aetna’s policy:

<https://www.aetna.com/health-care-professionals/newsletters-news/office-link-updates-december-2019/news-for-you-december-2019/updated-policy-for-telemedicine.html>

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